

#  Chore Referral Request Form

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| **Care Coordinator:**      **Organization:**       | **Phone Number:**      **Care Coordinator Email:**       |
| **Member Name:**      **Member DOB:**       | **Member Medica ID Number:**      **Member Product:**       |
| **Member Primary Care Physician:**       | **Clinic Name/Address:**       |

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| **Chore Directions**All Chore referrals except for grocery services will be reviewed for approval by the Clinical Liaison team. The CC will now send all chore referral requests (with exception of grocery delivery) directly to the CC support email MedicaCCsupport@medica.com rather than their Support Specialist. The email should include the following:* Complete and detailed referral request form with only chore services listed.
* Provide an itemized/detailed rate sheet or bid from the provider for the services they will be providing.
* Provide some additional details regarding this case so we have a clearer picture of the member’s situation & assessed needs.  What did the CC observe/assess during the in-person visit?
* If hoarding tendencies are present, does the member have mental health support in place? Has a homemaking provider been secured to provide ongoing support to maintain the environment once chore is used to clean-up the home?
* Best practice would be to obtain a second bid since these are high-cost services.

Once the chore services have been approved, the Clinical Liaisons will email referralrequest@medica.com for processing the request and include the Care Coordinator.  |
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**Service Authorization**

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| Service Description/ Code | Servicing Provider Name, Address Phone and FaxTax ID (if known) | Units(hrs/days/wks/mths) | Cost | Start Date | End Date |
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***Comments:***